


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90029 017 \*\*\*150.00

<b>DOCUMENT # P0000058001</b> 1. Entity Name <b>LAWRENCE INVESTMENT GROUP, INC.</b>			
Principal Place of Business <b>66 WARREN AVENUE ENGLEWOOD, FL</b>		Mailing Address <b>PO BOX 7058 NORTH PORT, FL 34287</b>	
2. Principal Place of Business <i>66 Warren Ave</i>		3. Mailing Address <i>PO Box 7058</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Englewood FL</i>		City & State <i>North Port FL</i>	
Zip <i>34223</i>		Zip <i>34287</i>	
Country <i>Sarasota</i>		Country <i>Sarasota</i>	
4. FEI Number <b>65-1015930</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LAWRENCE, JESSE</b> <input type="checkbox"/> Delete <b>10400 S. TAMiami TRAIL VENICE, FL 34287</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Lawrence Jesse</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>66 Warren Ave Englewood FL 34223</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>LAWRENCE, CHRISTOPHER</b> <input type="checkbox"/> Delete <b>660 WARREN AVENUE SARASOTA, FL 34233</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>Lawrence Christopher</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>66 Warren Ave Englewood FL 34223</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>LAWRENCE, ROLAND</b> <input type="checkbox"/> Delete <b>66 WARREN AVENUE ENGLEWOOD, FL 34223</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <i>Jesse Lawrence</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Feb 11 2006 941 400-0396 <small>Date Daytime Phone #</small>	